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CONFIRMATION NO. 6837

<b>SERIAL NUMBER</b> 08/278,601	<b>FILING OR 371(c) DATE</b> 07/21/1994 <b>RULE</b>	<b>CLASS</b> 424	<b>GROUP ART UNIT</b> 1648	<b>ATTORNEY DOCKET NO.</b> DFCI363A
<b>APPLICANTS</b> DAVID KNIPE, AUBURNDALE, MA; ROBERT FINBERG, CANTON, MA; GEORGE SIBER, BROOKLINE, MA;				
<b>** CONTINUING DATA *****</b> This application is a CIP of 08/179,106 01/10/1994 ABN which is a CIP of 07/922,912 07/31/1992 ABN <b>** FOREIGN APPLICATIONS *****</b> IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY ** ** 11/19/1994				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <u>AD</u> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> MA	<b>SHEETS DRAWING</b> 12	<b>TOTAL CLAIMS</b> 32
<b>INDEPENDENT CLAIMS</b> 12				
<b>ADDRESS</b> 21874				
<b>TITLE</b> HERPESVIRUS REPLICATION DEFECTIVE MUTANTS				
<b>FILING FEE RECEIVED</b> 2881	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	